Voc. Rehab Registration - External

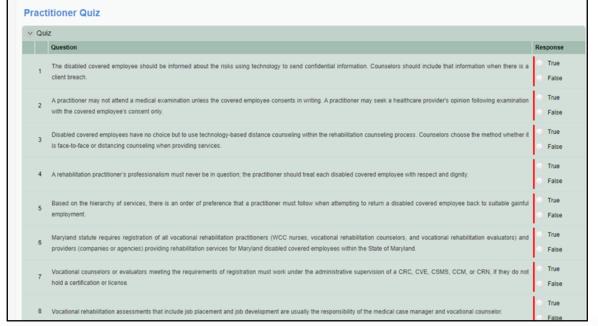
QuickStart Guide

The Voc Rehab Registration process allows a Practitioner to complete Multiple use cases; Complete a new application, Complete a renewal application, Withdraw an Application, and Update their info.

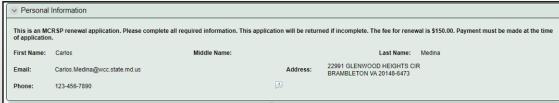


Select the application type and click/tap
Continue to open the proper form(s)

Start Form



Practitioner Quiz



Renewal Form



Personal Information
INSTRUCTIONS: This application may only be used if the applicant provides Vocational Rehabilitation Services to no more than three (3) covered employees per year, pursuant to Labor and Employment Article, §9-6.4-14, Maryland Annotated Code, the Commission may grant a waiver of the \$150 application fee and continuing education requirements. Supporting documentation such as college transcripts and/or board licenses must be uploaded to complete the application process. Practitioners whose registration has been waived must renew their registration every two years from the date of approval. Any changes in name, employment, or address information must be reported to the Commission immediately.
First Name: Tatiana Middle Name: Last Name: Diaz
Email: tatiana.diaz@wcc.state.md.us Address: 12 E BALTIMORE ST BALTIMORE MD 21201
Phone:
Current Job Title: Date Started: MM/dd/yyyy
Supervisor Name: Supervisor Title:
Job Duties
Practitioner License/Certification Information
Is Practitioner Licensed or Certified? Yes No
Please use the add icon (+) to include the LicenseiRegistration Information.
→ Practitioner Licensei/Certification Information
No records
+
Please use the add icon (+) to include the Practitioner Service Type Information for which you are registering.
→ Practitioner Service Type
No records
·
∨ Provider Information
Please list the VOC practitioner organization with whom you are affiliated
Search:
Provider Name:
WCC Voc Provider Number:
Email: Address:
Phone:
▼ Upload Required Documents
Do you want to upload additional docs? Yes No
Upload Document:
The application will not be processed unless the applicant's professional license or certification information or original college transcript is attached.
▼ Certifications and Signature
As an applicant for registration, I acknowledge that the Workers' Compensation Act requires that all the practitioners that provide vocational rehabilitation in the State of Maryland to register with the Commission. I understand that any omission or misrepresentation of the information requested above might result in rejection of my registration application, and that failure to register, either due to non-submission of application for registration or rejection of application, and result in non-payment for rehabilitation services which have been ovided. Subject to the acceptance of this application, I understand that I am required to notify the Commission of any change in the information submitted on this form to include employment status and change of name or address. Any failure to provide notification of changed information may result in the removal of my name from the Commission's directory of Vocational Rehabilitation Registrants. I hereby certify that the information provided on this application is true and accurate, and I authorize the Commission to verify the information provided. This application may only be used if the applicant provides vocational rehabilitation services to no more than (3) covered employees per year. By checking this box, you are verifying that you are providing services to no more than (3) covered employees per year.

New Application

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Application Withdrawal

The Withdrawal Application option allows the user to withdrawal their application by providing a reason, Support Services must then process the case by completing the "Remove Practitioner" form.



Once you have selected to Withdraw their submission you will be prompted to provide a reason Manage Voc Rehab Registration > Withdraw Registration v Vocational Rehabilitation Practitioner Registration Application Type Personal Information New Application: First Name: Carlos Middle Name: Last Name: Medina Renewal Application: 22991 GLENWOOD HEIGHTS CIR Carlos.Medina@wcc.state.md.us BRAMBLETON VA 20148-6473 Withdraw Application: Phone: 123-456-7890 Update my License Reason for withdrawal Continue

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Updating Licensee Info.

A user can update their information by selecting "Update my License Information/Provider Information"



	Ар	plication Type		
New Application:				
Renewal Application:				
Vithdraw Application:				
Ipdate my License				
nformation/Provider Inform	nation:			
			License Information Provider Information Personal Information	
This self service	ice allows you to update your			
This self servion under the service information under the service tabs respective.	using the Licensee and Provide		✓ Personal Information First Name: Catherine Middle Name: Last Name: Davis Email: Ryenumula@wcc.state.md.us Address: 13457 Farmcrest Ct. ,Herndon ,MD, 32455	
information u	using the Licensee and Provide		Personal Information First Name: Catherine Middle Name: Last Name: Davis Email: Ryenumula@wcc.state.md.us Address: 13457 Farmcrest Ct. ,Herndon ,MD, 32455 Phone: 9786574354	